**FEC** FORM 1

## STATEMENT OF **ORGANIZATION**

RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS

15 JUlice Use CHM 3: 51

			J Julie 10 se Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
Flowers for Sena	ate		
1			<del></del>
	,2813 Maisel Street		
ADDRESS (number and street)	2013 Walsel Street		
(Check if address is changed)		1   1   1   1   1   1   1   1   1   1	
io changea)	Baltimore		MD   21230
	CITY ▲		STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADDR	ESS		
(Check if address is changed)	flowers4senate@gmai	il.com	
is changed)	Optional Second E-Mail Ad	idress	
<ul> <li>(Check if address is changed)</li> <li>a changed)</li> <li>a changed)</li> <li>a changed</li> <li>a changed</li></ul>	DE Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICATION N	NUMBER ► C		
4. IS THIS STATEMENT	× NEW (N) OR	AMENDED (A)	
I certify that I have examined	this Statement and to the bes	t of my knowledge and belief	it is true, correct and complete.
		, ,	
Type or Print Name of Treasur	er lan Schlakman		
Signature of Treasurer	Schlakman		Date 07 06 2015
NOTE: Submission of false, erro		may subject the person signing	g this Statement to the penalties of 2 U.S.C. §437g. WITHIN 10 DAYS.
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100	contact: FFC FORM 1

۳	-	1
¢	Χ	>
L	í	ì
۳	•••	1
¢	X	)
	-	-
	_	
ţ	-	)
Ć	٦	J
(	-	)
ζ		ľ
Ŧ		1
ř	,	
Ć		j
L	1	٦
7	_	ł
Ć	Ξ	)
	٦	

FEC Fo	r <b>m 1</b> (Revised 02/2009)	)					Page 2
TYPE OF C	OMMITTEE Committee:			·			
(a) X	This committee is a p	orincipal campaign	committee. (Cor	nplete t	he candidate in	formation belov	v.)
(b)	This committee is an information below.)	authorized commi	ttee, and is NOT	a princ	cipal campaign	committee. (Co	mplete the candidate
Name of Candidate	Margaret F	lowers		! !			
Candidate Party Affiliation	on GRE	Office Sought:	House	×	Senate	President	State MD District 00
(c)	This committee support	orts/opposes only	one candidate, a	ind is N	IOT an authoriz	ed committee.	
Name of Candidate						1 1 1	
Party Con	nmittee:		/National State				(Democratic,
(d)	This committee is a		(National, State or subordinate)		ittee of the		Republican, etc.) Party
Political A	ction Committee (	—— ————— PAC):					
(e)	•	•	ed fund. (Identify	connect	ted organization	on line 6.) Its c	onnected organization is
•	Corporation		Corp	oration	w/o Capital Sto	ck	Labor Organization
	Membership	Organization	Trade	e Assoc	ciation		Cooperative
	In add	lition, this committe	e is a Lobbyist/R	egistrar	nt PAC.		
(f)	This committee supp committee. (i.e., nonc			al cand	lidate, and is No	OT a separate	segregated fund or party
	In addition, thi	is committee is a Lo	obbylst/Registran	t PAC.			
	In addition, thi	is committee is a Le	eadership PAC. (	Identify	sponsor on line	6.)	
Joint Fund	Iraising Represent	ative:					
(g)	This committee collect committees/organizati	ts contributions, pa ons, at least one of	ys fundraising ex f which is an auth	penses iorized (	and disburses n	et proceeds for ederal candidate	two or more political e.
(h)	This committee collect committees/organization	s contributions, pay ons, none of which	ys fundraising ex is an authorized	penses commit	and disburses n tee of a federal o	et proceeds for candidate.	two or more political
Com	mittees Participating	in Joint Fundrai	iser				
1.			<u> </u>		FEC ID nu	mber C	
2.					FEC ID nu	mber C	
3.					FEC ID nu	mber C	
	<u> </u>						

Pa	a	e	3

1 CC TOTAL T (Revised	52/2003/
Write or Type Committee Nan	<del></del>
Flowers for Se	nate
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
NONE	
Mailing Address	
-	
	CITY STATE ZIP CODE
Relationship: Connect	d Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor
<ol> <li>Custodian of Records: Identification</li> <li>books and records.</li> </ol>	ntify by name, address (phone number optional) and position of the person in possession of committee
Brian Bit	
Full Name LLL	P.O. Box 29915
Mailing Address	
	Baltimore , MD , 21230
	Baltimore MD 21230
Title or Position	CITY STATE ZIP CODE
	Telephone number
8. <b>Treasurer:</b> List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer).
Full Name Ian Schla	kman
or reasoner <u>C. 7</u>	IP.O. Box 29915
Mailing Address	
	Baltimore
	Baltimore MD 21230 — I STATE ZIP CODE
Title or Position	Telephone number
I	

9.

FEC For	m 1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent	Brian Bittner	
Mailing Address	P.O. Box 29915	
	Baltimore MD 21230 CITY STATE	ZIP CODE
Title or Position	Telephone number	
Banks or Othe safety deposit b Name of Bank,		accounts, rents
	M and T Bank	
Mailing Address	1111 Light Street	
	Baltimore MD 21230	
	CITY STATE	ZIP CODE
Name of Bank,	Depository, etc.	
		<u> </u>
Mailing Address	s.	
	CITY STATE	ZIP CODE

SCREENED SCREENED SCREENED SCREENED SCREENED STATE SEARCH SEARCH SEARCH STATE SOOK 75.75.78 TOWN SINCE WILL OF CAPITAL DISTRICT 200/2009 201507140200181584 p.o. box 201507 extr. fam & films CZZIZ ON JONETHO

æ.

201507140200181585

DANA K. MACCALLUM SUPERINTENDENT HART SENATE OFFICE BUILDING SUITE 232 WASHINGTON, DC 20510-7131 PHONE (202) 224-0322

## United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:
HAND DELIVEREDDate of Receipt
USPS FIRST CLASS MAIL  Date of Receipt  Date of Receipt  Date of Receipt  Date of Receipt
USPS REGISTERED/CERTIFIEDPostmark
USPS PRIORITY MAIL Postmark
DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL
USPS EXPRESS MAIL Postmark
OVERNIGHT DELIVERY SERVICE:
SHIPPING DATE NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS
UPS
DHL
AIRBORNE EXPRESS
RECEIVED FROM FEDERAL ELECTION COMMISSION
POSTMARK ILLEGIBLE POSTMARK
FAX
Date of Receipt
OTHER
Date of Receipt or Postmark  PREPARER  DATE PREPARED



SEN PATCH



SEN PATCH